	Réduction Act of 1998, no pa NT APPLICATION P Substitute	for Form PTO-876	witton Keog	RD	Application	or Dockel Humber
APF	MICATION AS FILED:	-PARTI			JOXIV	17/04/E
The second second second second second second	(Oolumn 1)	(Oolumn 2)		·		
EASIO FEE	NUMBER FILED .			ALL ENTITY	OR .	OTHER THAN
JEL OFR LIBIOL OIL and all	The state of the s	NUMBER EXTRU	RATE	di man	ـــا اــــ	SMALL ENTIT
BEARCH FEE BY OFR 1.48(K), (I), or (m))			11331	D. PEE (I)	R	ATE (1)
EVENINATION FOR] []	FER
TOTAL OLAIMS		***************************************				-
LECUPR LIBAN					1 -	
NOEPENDENT OLAIMS	minus 20 =	4	x 05	7	1	
	= B epolin	1 6		-	OR X 5	10
PPLICATION SIZE	If the specification and desheets of paper, the ann	rawings exceed 10	× 700	=	xe x	7
17 OFR 1.18(s))	Te 2540 (4744 5	"WALLUT BIZA TAA ALL			1	200
	30 U.S.C. 41(a)(4)(a)."	Adian meteor 866		1 1	1. 1	
ULTIPLE DEPENDENT O	AM PRESENT (37 CFR.1.16	0.87 CFR 1.16(6).		1 1		
(the different	- 111 (TUESENT (37 CFR-1.16	<u>Oi</u>	180	1		
anterence in column	I is less than zero, enter or in	column 2	7 [100.		1 30	eol
APPLICATI	ON AS AMENDED - P		TOTAL			
		ART II			ΤΟΤΛ	1L
1		(mn 2) (Column 3)			•	
REM	AINING HIGH	EST	SMALL	ENTITY	OR OT	THER THAN
TOTAL AMEN	TER PREVIO	USIY FYTEA	PATE (\$)	· ADD(:	1 \	IALL ENTITY
ER CAR (.16(1)	Minus +			TIONAL FEE (\$)	RATE (AODI. TIONAL
Independent (37 CFR L16(N))	Minus +++	2	x 25=		1	FEE(\$)
Application Size Fee (37	CFR 1.16(s))	1	x lov	. 7	OR X	=
FIRST PRESENTATION OF	MULTIPLE DEPENDENT CLAIM			0	R x 020	2
	DEFENDENT CLAIM	(37 CFR 1.16(I)	1180	1	-	
			TOTAL	Of Of)
(Column	(CO)UIT	(Calumn 3)	ADD'L FEE	or	TOTAL ADD'L FEE	
CLAIN REMAIN	HIGHES	1			-	. ———
AFTE AMENDA	1000 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AV EXIDA	RATE(\$)	ADDI-		1
(17 CFR 1. Ferri	Minus "	R		TIONAL FEE (\$)	RATE (\$)	ADDI-
Independent 17 OFR LIGHT	Minus ***		× =		1	TIONAL FEE (\$)
Application Size Fee (37 Or		-		OR.	X=	1 7
RST PRESENTATION CO.	i crofall		X =	OR	х =	
THE MICH OF MC	LTIPLE DEPENDENT OLAIM (3)	OFR 1.16(1)			1	
			TOTAL TOTAL	OR OR	1.	
the entry in column 1 is las	is then the entry in solumn 2, i lously Paid For IN THIS BPAC ously Paid For IN THIS SPAC taly Paid For Challer		TOTAL ADD'L FEE	OR	TOTAL	-
	is dight the entry in column 2, y ously Paid For IN THIS SPAC ously Paid For IN THIS SPAC Isly Paid For Tolal or Indepe			1 017	ADD'L FEE	

The "Highest Number Previously Paid For" (IN THIS SPACE is tess than 3, enter "3".

This office of Mumber Previously Paid For" (Total of Independent) is the highest number found in the appropriate box in column 1.

This office of indemnation is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by tine induding gathetine, preparing, and submitting the completed application to 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete and on the amount of time you require to complete this form and/or suggestions for reducing tills burden, should be sent to the Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS